

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/519127 FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/						52	
3	/						53	
4	2	1					54	
5	/						55	
6	/						56	
7	/						57	
8	/						58	
9	/						59	
10	/						60	
11	/						61	
12	/						62	
13	/						63	
14	/						64	
15	/						65	
16	/						66	
17	1	4					67	
18	1	1					68	
19							69	
20	/						70	
21	/						71	
22	/						72	
23	/						73	
24	/						74	
25	/						75	
26	/						76	
27	/						77	
28	/						78	
29	/						79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	/		↓		↓			
TOTAL DEP.	28		←		←		↓	
TOTAL CLAIMS	29							